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CONFIRMATION NO. 1907

<b>SERIAL NUMBER</b> 10/750,937	<b>FILING OR 371(c) DATE</b> 12/31/2003 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 212/546
<b>APPLICANTS</b> Darren R. Sherman, Sunnyvale, CA; Kenneth H. Mollenauer, Saratoga, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/427,645 04/30/2003 PAT 6,939,315 which is a CON of 09/866,377 05/25/2001 PAT 6,616,620 <i>QD</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i> <i>QD</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/06/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>QD</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 44	<b>TOTAL CLAIMS</b> 22
			<b>INDEPENDENT CLAIMS</b> 6	
<b>ADDRESS</b> 23371				
<b>TITLE</b> CPR assist device adapted for anterior/posterior compressions				
<b>FILING FEE RECEIVED</b> 597	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	